FOR BOARD OF HEALTH

DATE RECEIVED:

DATE ISSUED:

PERMIT NO. BAP -

YEAR

2018



APPLICATION FOR A PERMIT TO PRACTICE BODY ART

CASH CHECK

NORTHAMPTON BOARD OF HEALTH 212 MAIN STREET NORTHAMPTON, MA 01060 (413) 587 - 1214

LICENSE FEE: \$50.00

Non-Refundable Fee

Type of Practice: BODY PIERCING O TATTOOING O BOTH O NEW APPLICANT O RENEWAL O
Name of Individual: — Home Phone #:
Date of Birth: Gender: Male O Female O
Home Address:
Mailing Address (If different):
Name of Licensed Body Art Establishment Where Employed:
Name of Body Art Establishment Owner (If different):
Body Art Establishment Phone #: Date:
NOTE: (A) INDIVIDUALS MUST PRACTICE IN A LICENSED BODY ART ESTABLISHMENT. (B) IF THE INDIVIDUAL PERMIT HOLDER WILL BE PRACTICING BODY ART OUT OF HIS / HER ESTABLISHMENT, A SEPARATE ESTABLISHMENT APPLICATION MUST BE FILED AND A BODY ART ESTABLISHMENT LICENSE OBTAINED.
NOTE: FIRST TIME APPLICANTS MUST PROVIDE THE FOLLOWING INFORMATION WITH THIS APPLICATION:
(1) TRAINING – List Dates, Institutions and Contacts / References
(2) Dates and Places of Prior Employment as a Body Arts Practitioner
(3) Present Photo I.D. at the Time of Application
(3) (a) Have you ever been convicted of any criminal offense? YES O NO O
(b) Are you currently under charges for any criminal offense? YES O NO O
(c) If "YES" to either of the above, give dates, list offenses and charges disposition(use application back if necessary).
I declare the above facts are true and complete to the best of my knowledge and belief. I further understand that any false or
misleading answer(s) will be cause for denial or revocation of my Permit to Practice Body Art.

TAX ID or SOCIAL SECURITY NUMBER

Signature of practitioner applying for license

BODY ART PRACTITIONER HISTORY & INFORMATIONAL PAGE

(ONLY NEW APPLICANTS MUST complete this page for Board of Health Records).

TRAINING: List all relevant courses taken:

Name	of Course			Date:		
Institution		Contact/R	eference_			_ Phone
# Name	of Course			Date:		
Institution		Contact/R	eference_			Phone
**Name	of Course			Date:		
Institution#		Contact/R	eference_			Phone
	of Course			Date:		
Institution		Contact/R	eference_			_ Phone
#	EXPERIE	NCE: List all pri	or Body A	rt Experienc	ce:	
Name of Establishment:			Address_			
Date(s) of Employment		Reference:			Phone # _	
Name of Establishment:			Address_			
Date(s) of Employment _		Reference:			Phone # _	
Name of Establishment			Address			
Date(s) of Employment _		Reference:			Phone # _	
Name of Establishment:			Address: _			
Date(s) of Employment _		Reference:			Phone # _	
	Criminal Con	victions: List all	prior crimi	inal convic	tions:	
Offense:				Date:		
	Location:					
Offense:				Date:		
	Location:					
Offense:				Date:		
	Location:					
Offense:				Date:		
	Location:					